

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/22/2016
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

VMT HOME HEALTH AGENCY

**901 1ST STREET NW
WASHINGTON, DC 20001**

*Received
7/13/16*

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------------	--	---------------------	--	--------------------------

H 000 INITIAL COMMENTS

H 000

An annual licensure survey was conducted from June 16, 2016, through June 22, 2016, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provides home care services to two hundred and fifty-three (253) patients and employs four hundred and fifty (450) staff. The findings of the survey were based on observations, record reviews and interviews with current patients and staff.

The following are abbreviations used within the body of this report:

DON - Director of Nursing
HCA - Home Care Agency
POC - Plan of Care

VMT Home Health Agency makes its best effort to operate in substantial compliance with both Federal and State laws. A Statement of Deficiency (SOD) does not constitute an admission or agreement by any party, its officers, Directors, employees or agents as the truth of the facts alleged or the validity of the conditions set forth on the Statement of Deficiency Report. The SOD is prepared and/or executed solely because it is required by Federal and State laws.

H 294 3912.2(c)(2) PATIENT RIGHTS & RESPONSIBILITIES

H 294

Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:

(c) To be informed orally and in writing of the following:

(2) Whether services are covered by health insurance, Medicaid, Medicare, or any other sources, and the extent of uncovered expenses for which the patient may be liable;

This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to follow their policy by to inform their Patient orally and in writing whether services are covered by health insurance, Medicaid, Medicare, or any other

Health Regulation & Licensing Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature] TITLE *Administrator*

(X6) DATE

7/15/16

Health Regulation & Licensing Administration

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/22/2016
NAME OF PROVIDER OR SUPPLIER VMT HOME HEALTH AGENCY		STREET ADDRESS, CITY, STATE, ZIP CODE 901 1ST STREET NW WASHINGTON, DC 20001		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 294	Continued From page 2 service. This section was left blank. On June 17, 2016, at 3:30 p.m., a face to face meeting with the DON and clinical supervisor revealed that the "Service Agreement and Acknowledgement" was to be completed by the RN upon admission. The DON and clinical supervisor also agreed that the "Service Agreement and Acknowledgement" forms found in clinical records #2, #4, and #5 were left blank and stated that they will have to in-service the employees regarding the completion of this document upon admission.	H 294	III. In an attitude of continuous compliance, VMT will conduct quarterly quality audits of completed admission packets to ensure proper compliance and complete documentation. The audit would include the section indicating the beneficiaries' financial responsibility for services provided by VMT. A sample size of 10% will be assessed to determine compliance and will be the benchmark for any modification of the audits going forward. The audits will be overseen by the Administrator, or whoever is designated.	07/30/2016
H 300	3912.2(d) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (d) To receive treatment, care and services consistent with the agency/patient agreement and with the patient's plan of care; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to follow their policy on patient's rights by failing to provide care and treatment according to the patients POC for one (1) of fifteen (15) active patients in the sample. (Patient #4) The finding includes: On June 16, 2016, at approximately 10:00 a.m., interview with the DON revealed that the agency's visit week started on a Sunday and ended on a	H 300	2). I. The Director of Nursing at VMT will educate all nurses/clinicians to ensure compliance with the approved visit frequency. In an attitude of continuous compliance, VMT will use visit ranges on the plan of care for all skilled service visits, in order to maximize flexibility. The visit ranges will appear on the plan of care for both new admissions and ordered recertification. The skilled visit will be indicated on the plan of care, and show a visit range of 1-3 visits/ week for the current certification period. II. VMT's Professional Staffing Coordinator will ensure that the visit range on the beneficiaries' plan of care correlates with the visits completed during any given week. If the visit frequency is not met for a particular week, a missed visit note will be completed to show the reason(s) for the missed visit.	07/30/2016 07/30/2016

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/22/2016
NAME OF PROVIDER OR SUPPLIER VMT HOME HEALTH AGENCY		STREET ADDRESS, CITY, STATE, ZIP CODE 901 1ST STREET NW WASHINGTON, DC 20001		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 300	Continued From page 3 Saturday. Additionally, on June 17, 2016, at 2:00 p.m., review of the agency's policy on "Beneficiaries Rights and Responsibilities" revealed that the beneficiary has the right "to receive home care that is provided in accordance with physician orders with a plan of care that specifies the services and their frequency and duration." On June 17, 2016, at 10:00 a.m., review of Patient #4's clinical record revealed a POC with a certification period of April 20, 2016, to June 18, 2016. Further review revealed that the physician orders included skilled nursing services two (2) times a week for nine weeks for Foley catheter management. Review of the skilled nursing notes during this certification period revealed that the skilled nurse visited the patient one (1) time a week on April 22, 2016, during the week of April 17-23, 2016, one time a week on May 20, 2016, during the week of May 15-21, 2016, and one time a week on May 30, 2016, during the week of May 29, 2016, to June 4, 2016. During interview with the DON and clinical supervisor on June 21, 2016, at 3:00 p.m., the DON and clinical supervisor stated that the agency will use a range in projecting visits to avoid such mistakes and will conduct an in-service with the nurses to prevent such recurrence.	H 300	III. Moving forward, VMT will perform quality audits on a sample size to measure compliance. VMT's Quality Assurance coordinator will perform the audits to ensure that the frequency ranges shown on the plan of care and followed accordingly. A sample size of 10% will be assessed to determine compliance and will be the benchmark for any modification of the audits going forward. The audits will be overseen by the Administrator, or whoever is designated.	07/30/2016
H 430	3916.1 SKILLED SERVICES GENERALLY Each home care agency shall review and evaluate the skilled services provided to each patient at least every sixty-two (62) calendar days. A summary report of the evaluation shall be sent to the patient's physician.	H 430	3). I. VMT is unable to retrospectively correct documentation of a 62-day summary report for each recertification period. Moving forward, VMT will begin to enforce that a 62 day summary report is written for every skilled beneficiary, and sent over to their primary care provider.	07/30/2016

Health Regulation & Licensing Administration

[illegible]

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/22/2016
NAME OF PROVIDER OR SUPPLIER VMT HOME HEALTH AGENCY		STREET ADDRESS, CITY, STATE, ZIP CODE 901 1ST STREET NW WASHINGTON, DC 20001		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 430	Continued From page 5 12, 2016. Further review of the record and the aforementioned POC revealed that the patient's pertinent diagnoses included: hemiplegia, type 2 diabetes mellitus, hyperlipidemia and major depressive disorder. The attending physician orders included the following SN services: " [SN] to perform client's physical assessment, update client's plan of care, and teach on disease management reconcile medications as needed...." 3. On June 20, 2016, at 9:30 a.m., review of Patient #8's clinical record revealed a POC with a start of care date of January 10, 2016, and a certification period of January 10, 2016, to December 9, 2016. Further review of the record and the aforementioned POC revealed that the patient's pertinent diagnoses included: multiple sclerosis, hypertension, depression, obesity, and memory loss. The attending physician orders included the following SN services: " [SN] to perform client's physical assessment, update client's plan of care, teach on disease management and care and reconcile medications as needed...." 4. On June 20, 2016, at 11:00 a.m., review of Patient #9's clinical record revealed a POC with a start of care date of October 22, 2012, and a certification period of October 22, 2015 to July 28, 2016. Further review of the record and the aforementioned POC revealed that the patient's pertinent diagnoses included: congestive heart failure, asthma, hypertension, cervical pain and	H 430		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/22/2016
NAME OF PROVIDER OR SUPPLIER VMT HOME HEALTH AGENCY			STREET ADDRESS, CITY, STATE, ZIP CODE 901 1ST STREET NW WASHINGTON, DC 20001		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
H 430	<p>Continued From page 6</p> <p>anemia.</p> <p>The attending physician orders included the following SN services:</p> <p>" [SN] to perform client's physical assessment, update client's plan of care, teach on disease management and care and reconcile medications as needed...."</p> <p>5. On June 20, 2016, at 12:30 p.m., review of Patient #10's clinical record revealed a POC with a start of care date of August 6, 2012, and a certification period of August 6, 2015 to June 15, 2016. Further review of the record and the aforementioned POC revealed that the patient's pertinent diagnoses included: end stage renal disease, diabetes 2, osteoarthritis and peripheral vascular disease.</p> <p>The attending physician orders included the following SN services:</p> <p>" [SN] to perform client's physical assessment, update client's plan of care, teach on disease management and care and reconcile medications as needed...."</p> <p>6. On June 20, 2016, at 1:45 p.m., review of Patient #11's clinical record revealed a POC with a start of care date of November 26, 2015, and a certification period of November 26, 2015, to October 28, 2016. Further review of the record and the aforementioned POC revealed that the patient's pertinent diagnoses included: articular gout, cardiac irregular rhythm, defibrillator placement, hypertension and joint pains.</p> <p>The attending physician orders included the following SN services:</p>	H 430			

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/22/2016
NAME OF PROVIDER OR SUPPLIER VMT HOME HEALTH AGENCY		STREET ADDRESS, CITY, STATE, ZIP CODE 901 1ST STREET NW WASHINGTON, DC 20001		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 430	Continued From page 7 " [SN] to perform client's physical assessment, update client's plan of care, teach on disease management and care and reconcile medications as needed...." 7. On June 21, 2016, at 9:15 a.m., review of Patient #12's clinical record revealed a POC with a start of care date of October 28, 2014, and a certification period of October 16, 2015, to October 14, 2016. Further review of the record and the aforementioned POC revealed that the patient's pertinent diagnoses included: congestive heart failure, end stage renal disease, hypertension, gout, and bipolar disorder. The attending physician orders included the following SN services: " [SN] to perform client's physical assessment, update client's plan of care, teach on disease management and care and reconcile medications as needed...." 8. On June 21, 2016, at 10:30 a.m., review of Patient #13's clinical record revealed a POC with a start of care date of November 3, 2010, and a certification period of September 30, 2015, to September 27, 2016. Further review of the record and the aforementioned POC revealed that the patient's pertinent diagnoses included: rheumatoid arthritis, generalized pain, and numbness of the hands. The attending physician orders included the following SN services: " [SN] to perform client's physical assessment, update client's plan of care, teach on disease management and care and reconcile medications	H 430		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/22/2016
NAME OF PROVIDER OR SUPPLIER VMT HOME HEALTH AGENCY		STREET ADDRESS, CITY, STATE, ZIP CODE 901 1ST STREET NW WASHINGTON, DC 20001		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 430	Continued From page 8 as needed...." 9. On June 21, 2016, at 1:00 p.m., review of Patient #15's clinical record revealed a POC with a start of care date of September 24, 2009, and a certification period of September 30, 2015, to September 28, 2016. Further review of the record and the aforementioned POC revealed that the patient's pertinent diagnoses included: essential hypertension, cortical blindness, type 2 diabetes and HIV. The attending physician orders included the following SN services: " [SN] to perform client's physical assessment, update client's plan of care, teach on disease management and care and reconcile medications as needed...." During an interview with the DON and clinical supervisor on June 21, 2016, at 3:00 p.m., the DON indicated that going forward, the agency will review and evaluate the skilled services provided. Additionally, the agency DON will send evaluation summaries to the patient's physician.	H 430		

Health Regulation & Licensing Administration

STATE FORM

6599

M4GY11

If continuation sheet 9 of 9